Midwives in England, especially in relation to the medical profession : An address delivered before The Abernethian Society of St. Bartholomew's Hospital, on October 8th, 1907 / by Francis Henry Champneys.

Contributors

Sir Francis Champneys, 1st Baronet

Publication/Creation

London : Adlard and Son, 1908.

Persistent URL

https://wellcomecollection.org/works/bfp89k9h

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

pam
WQ100
1908
C45m

WIVES IN ENGLAND,

SPECIALLY IN RELATION TO THE MEDICAL PROFESSION.

An address delivered before
The Abernethian Society of St. Bartholomew's Hospital,
on October 8th, 1907,

BY

FRANCIS HENRY CHAMPNEYS, M.A., M.D.(Oxon.),
F.R.C.P.,

PHYSICIAN-ACCOUCHEUR TO THE HOSPITAL; CHAIRMAN OF THE CENTRAL MIDWIVES BOARD.

Reprinted from Vol. XV of the 'St. Bartholomew's Hospital Journal.'

London:
ADLARD AND SON,
BARTHOLOMEW CLOSE.
1908.

PRICE SIXPENCE.

22500323085

WELLCOME INSTITUTE LIBRARY

Coll.	welMOmec
Coll. No.	pam
	WQ 100
	1908
	C45m

MIDWIVES IN ENGLAND, ESPECIALLY IN RELATION TO THE MEDICAL PROFESSION.

I DARE say many of you wonder why I have chosen to address you on the subject of midwives.

It is not a subject which forms part of the medical curriculum; you will not be asked a single question bearing on it in any examination.

It is not a subject whose interest centres in scientific research, which at some time or another has, I hope, fascinated us all.

But you will not be long in practice, those of you at least who enter general practice, especially in the country, without coming across the subject in a practical manner, and I hold that it is of the first importance that you should know something of the facts connected with it.

You will ask me why the subject of midwives is important, and I promise to answer that question to some extent in the short time available for this address.

I will begin by asking you a question. Have you ever thought why so much importance is attached to the branch of practice with which I am connected?

Of course each branch is apt to think itself of supreme importance; I am not touching on that—we will eliminate that. There may be some who think that the department of obstetrics is of comparatively little importance. But

that is not the opinion of those able to take a wide view of the scope of medicine; nor, I may add, the view of those who regulate the course of your studies and examinations.

What *is* the importance of midwifery? It is, in short, because it deals with two great perils, the peril of death to the mother, and the peril of death to the child; and two other perils scarcely less serious, the peril of the loss of health to the mother, and the peril of loss of health to the child.

The peril of death to the mother lies principally in sepsis; the peril of loss of health to the mother lies principally in the results of sepsis, short of death; the loss of health to the child lies largely in the results of sepsis falling on the eyes and causing blindness.

The State has become aware that the responsibilities of our nation cannot be fulfilled without a population adequate in numbers and sound in health. It has considered the questions of physical deterioration of the population, of a diminished birth-rate, of the inadequate feeding of the children of the poor, and various other questions. But all these are to some extent subsidiary to the care which is taken of English mothers and babies during the great peril of childbirth. Over this event preside doctors and midwives.

From 1871 *to* 1903, 130,506 *deaths in childbed were registered*, 67,596 *being due to "puerperal fever." Every year* 4000 *women in England and Wales die in childbed;* and a much larger number of women lose their health in consequence of mischief befalling them at that time. Just think what this means. Puerperal fever is a preventible disease, is it not ghastly!

I do not believe that it is possible for any ordinarily humane person to realise these figures without horror, and without asking himself, "Can I do anything to prevent it?" In the case of medical students it will surely lead to a conscientious study of the subject of midwifery, and especially of aseptic methods, and to a determination to lose no

chance of instruction and experience during their training, so that no one may have on his conscience the death or maiming of a mother confided to his care.

But you will ask me again: what has all this to do with midwives? I will endeavour to answer this question.

There are at present on the Midwives Roll no less than 24,500 midwives. It is true that not all these are acting as midwives; a considerable number of those on the Roll acting only as monthly nurses. But this leaves a great number of midwives acting as such.

As a matter of fact it is to the hands of these women that the safety of the majority of the poor mothers of England is confided, and it is largely (though by no means exclusively) to their failure that the appalling puerperal mortality to which I have referred is due. It is calculated that some 500,000 women are confined annually without a skilled medical adviser.

Midwives have probably practised from pre-historic times and it is supposed that Bishop Bonner was the first to grant licences to them. In a visitation in 1554 he enjoined that "a mydwyfe shal not use or exercise any witchcraft, charmes, sorcerie, invocations or praiers other than suche as be allowable and may stand with the lawes and ordinances of the Catholicke Churche."

Those who are interested in the history of midwives may consult Dr. Aveling's *English Midwives*, 1872, and Dr. Stanley Atkinson's work published in this year under the title *The Office of Midwife*, which gives in a compendious and convenient form the bulk of the facts relating to the subject.

The late Queen Victoria was the first Queen of England attended in her confinement by a man.

The question arises whether, if midwives are answerable for the bulk of the cases of "puerperal fever" in the country, it would not be best to abolish them altogether.

Such a course was, on the face of it, impracticable, no House of Commons and no House of Lords has ever con-

templated the possibility of such a proceeding, and it has never entered into practical politics so far as legislation is concerned.

The only alternatives have been either to regulate them or not to regulate them. To regulate them and to admit them to a Roll would be to recognise them; to refuse to regulate them would be to leave them to continue their dangerous and ignorant practices unchecked.

It will hardly be believed that the latter alternative was preferred by a large number of our profession.

Those who are interested in the history of the Legislation for Midwives may find what they require in Dr. Stanley Atkinson's work, in my own Presidential addresses delivered before the Obstetrical Society, March, 1895 (*Obst. Trans.*, vol. xxxvii), and February, 1896 (*ibidem*, vol. xxxviii), as well as in the addresses of other Presidents of that Society.

After much controversy the present Midwives Act was passed under the following title:

Midwives Act, 1902.
[2, Edw. 7, Ch. 17.]

An Act to secure the better training of midwives, and to regulate their practice [31st July, 1902].

This Act provides—

1. (1) That no woman after April 1st, 1905, shall *call herself a midwife* unless she is certified under the Act.
   (2) That no woman after April 1st, 1910, shall, "habitually and for gain," *act as a midwife* unless she is so certified.
   (4) That no certified midwife shall employ an uncertified person as her substitute.
   (5) That no certified midwife shall claim to be a registered medical practitioner nor to act as such.
2. Provides for existing midwives—
3. Deals with the constitution and duties of the Central Midwives Board, including the framing of its own rules, which must be approved by the Privy Council after considering any representations made on them by the General Medical Council.

These rules relate to the admission of midwives to the Roll; to the regulation of the course of training and the conduct of examinations; to the restrictions within due limits of the practice of midwives, to their suspension from practice, to their removal from the Roll, and for their restoration to the Roll.

4. Provides for an appeal to the High Court of Justice by a midwife whose name has been removed from the Roll.
8. Provides for the local supervision of midwives by the local supervising authority.

As regards the Rules framed by the Central Midwives Board, it is unnecessary to go into details of most of the sections at this time.

But Rules C is important for our consideration. It is headed thus:

"Regulating the course of training and the conduct of examinations, and the remuneration of the Examiners."

1. (1) Requires attendance (of specified thoroughness) on not fewer than 20 labours;
   (2) And 20 lying-in cases;
   (3) Also a sufficient course of instruction of not less than three months.
3. A candidate may be rejected for want of elementary education.
4. "The examination shall be partly oral and practical, and partly written, and shall embrace the following subjects:
   "(*a*) The elementary anatomy of the female pelvis and generative organs.
   "(*b*) Pregnancy and its principal complications, including abortion.
   "(*c*) The symptoms, mechanism, course, and management of natural labour.
   "(*d*) The signs that a labour is abnormal.
   "(*e*) Hæmorrhage; its varieties and the treatment of each.
   "(*f*) Antiseptics in midwifery and the way to prepare and use them.
   "(*g*) The management of the puerperal patient, including the use of the clinical thermometer and of the catheter.
   "(*h*) The management (including the feeding) of infants, and the signs of the diseases which may develop during the first ten days.
   "(*i*) The duties of the midwife as described in the regulations.
   "(*j*) Obstetric emergencies, and how the midwife should deal with them until the arrival of a doctor. This will include some knowledge of the drugs commonly needed in such cases, and of the mode of their administration (see E 17).
   "(*k*) Puerperal fevers: their nature, causes, and symptoms.
   "(*l*) The disinfection of person, clothing, and appliances.
   "(*m*) The principles of hygiene as regards the home, food supply, and person.
   "(*n*) The care of children born apparently lifeless."

Rules E is headed thus:

"E. Regulating, supervising, and restricting within due limits the practice of midwives.

"Directions to midwives concerning their person, instruments, etc.; their duties to patient and child; and their obligations with regard to disinfection, medical assistance, and notification."

1. Deals with personal cleanliness, dress, and disinfection.
2. Specifies the appliances and antiseptics the midwife must carry.
3. Directs thorough disinfection of the hands and forearms before examination.
4. Prescribes the mode of disinfection of appliances which may touch the genitals of the patient.
5. Prescribes the mode of disinfection of the midwife's person, instruments, and dress after infection.

Duties to Patients.

6. Specifies the duty of a midwife not to leave a patient in the second stage of labour, nor until the third stage is safely over.

7. Prescribes the mode of cleansing the genitals in the course of labour, etc.

8. Forbids unnecessary internal examinations.

9. Prescribes the careful examination of the secundines.

10. Prescribes the removal of soiled linen, evacuations, etc., from the lying-in chamber.

11. Prescribes the duty of giving full directions for the proper care of the mother and child for ten days.

12. Defines a normal labour for the purposes of these regulations.

Duties to Child.

13. Prescribes the necessity of attempting the resuscitation of children born apparently dead.

14. Prescribes the duty of cleansing the eyelids before the child opens its eyes.

15. Prescribes the duty of informing one of the parents if a child seems likely to die, and (in a note) states the desirability of notifying all births within forty-eight hours to the local supervising authority.

General.

16. Forbids the midwife to follow any occupation liable to be a source of infection.

17. "A midwife must note in her Register of Cases each occasion on which she is under the necessity of administering any drug other than a simple aperient, the dose, and the time and cause of its administration."

Conditions in which Medical Help must be sent for.

18. "In all cases of abortion, of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, a midwife must explain that the case is one in which the attendance of a registered medical practitioner is required, and must hand to the husband or the nearest relative or friend present the form of sending for medical help [see Rule 21 (*a*)], properly filled up and signed by her, in order that this may be immediately forwarded to the medical practitioner. If for any reason the services of a registered medical practitioner be not available, the midwife must, if the case be one of emergency, remain with the patient and do her best for her until the registered medical practitioner arrives, or until the emergency is over."

"After having complied with the rule as to the summoning of medical assistance, the midwife will not incur any legal liability by remaining on duty and doing her best for her patient."

19. "The foregoing rule shall apply:

(1) In all cases in which a woman during pregnancy, labour, or lying-in appears to be dying or is dead.

"Pregnancy:

(2) In the case of a pregnant woman:

(*a*) If the patient is a dwarf or deformed.

(*b*) When there is loss of blood.

(*c*) When there is any abnormality or complication such as—

Excessive sickness.

Puffiness of hands or feet.

Dangerous varicose veins.

"Labour:

(3) In the case of a woman in labour at or near term, when there is any abnormality or complication, such as—

A malpresentation.

Presentation other than the uncomplicated head or breech.

Where no presentation can be made out.

Where there is excessive bleeding.

Where two hours after the birth of the child the placenta and membranes have not been completely expelled.

In serious cases of rupture of the perineum, or of other injuries of the soft parts.

"Lying-in:

(4) In the case of a lying-in woman, when there is any abnormality or complication, such as—

Abdominal swelling and tenderness.

Offensive lochia, if persistent.

Rigor, with raised temperature.

Rise of temperature above 100·4° F., with quickening of the pulse for more than twenty-four hours.

Unusual swelling of the breasts with local tenderness or pain.

Secondary post-partum hæmorrhage.

White leg.

"The child:

(5) In the case of the child, when there is any abnormality or complication, such as—

Injuries received during birth.

Any malformation or deformity in a child that seems likely to live.

Dangerous feebleness.

Inflammation of the eyes, however slight.

Serious skin eruptions.

Inflammation about the navel."

21. "For the purposes of the preceding rules the use of the following forms shall be compulsory:

(*a*) Form of sending for medical help:

No. Date.

This notice is sent on behalf of* (here fill in name of patient).

Address.

I have advised that medical assistance be obtained on account

Signed Certified Midwife.

† The case is urgent. (If the case is not urgent cross this out.)

Sent to (name of doctor).
at (address).
Time of sending message.

(*c*) Form of notification of stillbirth:

22. "A midwife shall keep a Register of cases in the following form:

No.
Date of expected confinement.
Name and address of patient.
No. of previous labours and miscarriages.
Age.
Date and hour of midwife's arrival.
Date and hour of child's birth.
Presentation.
Duration of 1st, 2nd, and 3rd stage of labour.
Complications (if any) during or after labour.
Sex of infant. Born living or dead.
Full time or premature. No. of months.
If doctor sent for. Name of doctor.
Date of midwife's last visit.
Condition of mother then (see Rule 11, above).
Condition of child then.
Remarks.—(*Note.* If any drugs, other than a simple aperient have been administered, state here their nature and dose, the reason for giving them, and the stage of labour when given.)"

26. "The proper designation of a certified midwife is 'certified midwife,' thus, *e.g.*,

Mary Smith,
Certified Midwife.

No abbreviation in the form of initial letters is permitted, nor any other description of the qualification."

The recent edition of the rules contains a glossary.

Observations on the Act.

It will be seen that the name of midwife is protected from April 1, 1905, and the calling of a midwife from April 1, 1910 [1 (1)].

From the first of these dates no woman can use the name unless she is on the Roll, from the second of these dates no one can "habitually and for gain" act as a midwife unless she is on the Roll.

The words "habitually and for gain" are inserted to protect a woman acting in an emergency and rendering such services as any person, male or female, may be called upon to render in the name of common humanity.

But the date sounds the death-knell of uncertified midwives.

There are a certain number of midwives on the Roll in virtue of having been, at the passing of the Act, at least one year in *bonâ fide* practice and being certified as being of good character. These women are popularly known as "*bonâ fides*" (2).

This group contains, of course, the most ignorant and dangerous members of the whole calling; but it also contains, I am convinced, many women of excellent character, of great sympathy, and (according to their knowledge) of great devotion.

This class, like all the others, is now bound to observe all the rules of the Central Midwives Board, and a large number are constantly being removed from the Roll, partly in consequence of complaints made to the Board, and partly at their own request, as they find that the rules and inspection make life somewhat harassing.

It is a serious question whether the numbers of certified midwives in country districts will suffice in the future for the poor in those districts; and more than one society exists for supplying this want. The smallness of the fees obtainable by midwives in rural districts naturally fails to attract women whose standard of comfort is anything more than very moderate. How to meet this want is a problem of the near future. I believe myself that the problem is akin to the problem of providing missionaries. Just as a religious mission cannot be said to be in full working order until it has an adequate native ministry, which can understand and sympathise with the people whom it wishes to evangelise, so an obstetric mission cannot be said to be in full working order until it has an adequate native ministry, which can understand and sympathise with the people whom it wishes to safeguard in the time of their peril of childbirth. This is largely a matter of finance, and the problem is not yet solved.

As regards the duties of the Central Midwives Board,

you will see that they include the regulation of the admission, training, examination, practice, suspension, expulsion, and restoration of midwives.

You will require very little persuasion to believe that the care of 24,500 women in England and Wales is no sinecure.

Observations on the Rules.

As regards attendance on labours [C. 1 (1)] I need only say that this has to be done under supervision satisfactory to the Board; that the candidate must "make abdominal and vaginal examinations during the course of labour and personally deliver the patient" in each case, and that no case can be counted to more than one pupil.

As regards attendance on lying-in cases, this must be also under supervision satisfactory to the Board [C. 1 (2)]; the instruction is similarly safeguarded [C. 1 (3)].

The subjects of examination as scheduled (C. 4) lay great stress on the parts of midwifery concerning the practice of a midwife, and equal stress on her duties with regard to the summoning of medical aid.

Rules E, regulating, supervising, and restricting within due limits the practice of midwives, has been already summarised above. I venture to think that it would do no medical student anything but good to study it, so carefully has it been drawn with the view of pointing out the dangers of midwifery practice, dangers which affect doctors and individuals alike.

You will observe how very stringently the duty of sending for medical aid in any abnormal circumstances has been laid down. Failure in this respect is quite enough in certain cases to ensure the removal of the offender's name from the Roll.

Consideration of the present position of Midwives in relation to Medical Men.

In the long controversy which has agitated our profession

on the subject of midwives, various statements have been made, refuted, disused, and revived.

Among these is the statement that the population would do better without midwives.

The most recent example of this attitude with which I am acquainted appears in a number of *Nursing Notes* for July, 1907, page 104.

"MIDWIVES AND MEDICAL ATTENDANCE.

"We have received the following letter from a lady much interested in the efficient supply of well-trained midwives for rural districts. The questions dealt with are becoming of pressing importance. The letters speak for themselves.

"*To the Editor of 'Nursing Notes.'*

"MADAM,—I venture to send you a letter I received a few days ago from a certified midwife who is anxious to work in a rural district. Always considering both sides should be heard, I communicated with the Local Supervising Authority of the County in question. I send you his letter also.

"Yours faithfully,
"'PERPLEXED.'"

"DEAR MADAM,—Knowing what great interest you take in all matters connected with midwifery, I should like to ask your advice about the following:—Hearing that a good many of the *bonâ fide* midwives were leaving off practice and that there would be likely to be a good opening at A—, I intended setting up there myself as I am a certified midwife. Dr. B— heard that I was thinking of doing so, and called a special meeting of all the doctors in the neighbourhood. They resolved to practically boycott any midwife, and agreed together that, in the event of being called in in an emergency, none of them would attend for a less fee than £1 11*s.* 6*d.* There own fee for a confinement is £1 1*s.* 0*d.* Dr. B— went so far as to say to me that the 'Midwives Act was useless; it was a pity they had not turned their attention to something sensible,' and so on. And when I explained to him that women will have women to attend them, and how much better it is to have a woman who knows her work than an old 'Gamp,' who sometimes loses her patients, and 'surely he didn't wish the mothers to die?' He replied, 'let them, and we shall all the sooner get rid of the midwives.' I am wondering whether I shall find the same difficulty everywhere. Can you give me any advice?

"Yours faithfully,
"C. D., *Certified Midwife.*"

"DEAR MADAM,—I saw Dr. B— to-day. He is, as I expected, quite reasonable from the point of view of one who does not realise the value of a thoroughly trained and practical midwife, thinking it far best for the public to be encouraged to be attended only by medical men.

"Consequently the A. Medical Society decided that they would not help a midwife to get a footing by employing her themselves.

"The fee when called for medical aid, they suggested, should be one-and-a-half guineas, whereas their ordinary fee when called to a confinement without being previously engaged is two guineas, and the Relieving Officer has authority to give £2. This seems all well within their rights, although to our minds short-sighted. If I were your nurse *protégée* I should steer clear of A.

"Yours sincerely,

"Y. Z."

"The above is a truly 'Gilbertian' condition of affairs. For thirty years the medical profession has wailed for a midwife who would send for them in time; they have got her and now won't go to her when she *does* send, or if they do go hold her responsible for the payment of their fee, which they increase to double their ordinary confinement fee because it is a midwife that sends for them.

"Up till lately, when a midwife called in a doctor the patient was expected to pay a reasonable fee, and in this case the midwife often remitted her own fee in very poor cases—this is hard enough when her ten days' attendance is taken into consideration, but to expect her as well to pay a double confinement fee to the doctor is extortionate in the extreme. The present trained midwife will not practise unless she knows she can obtain a doctor as required by the rules of the C.M.B., and the result of this boycott will be that in 1910 the doctors will have succeeded, not in attracting all the cases to themselves, but in driving them into the hands of 'the friendly neighbour,' who will be quite sharp enough to evade the Act by pleading emergency or practice for no payment. We who are fully aware of the magnificent work done by eminent members of the medical profession to improve the training of midwives, and to have their practice regulated by law for the sake of the improvement of the health of the mothers and infants of England view this prospect with the deepest regret."

Now the question of the disappearance of midwives altogether was seriously debated some years ago, and those who favoured this solution were obliged to confess that the

mothers of England could not be attended in their confinements by doctors only, that doctors would be unable to attend them all; and in the many investigations which have taken place it has been acknowledged that midwives are a *necessity*.

As to the midwife's plea that "women will have women to attend them," that varies in localities and classes, and is too large a proposition.

The question of the fees of doctors called in consultation by midwives is not so simple as it appears.

Let us put midwives out of the question altogether, and talk of doctors. If a doctor undertakes to attend a woman in her confinement for a certain fee he takes his chance of the case. It may be an easy case and he is well paid, or it may be a bad case, and he may wish that he had never seen it; but in any case he takes the rough with the smooth, and in the end it works out pretty fairly. But it would obviously be unfair to expect him to undertake bad cases only for his ordinary fee.

In consultation the same is true to a certain extent, and there is some justification for an enhanced fee on this ground.

But there is never the same anxiety about a bad case in consultation as there is for a case of which the doctor has had entire charge. In the one case he does his best for a bad case over which he has had no control, and in the other case he is regarded by the public as presumably answerable for the misfortune whatever it may be—eclampsia, morbus cordis, or what not. It is this unfair responsibility which makes midwifery practice so trying and so anxious.

But, although a doctor called in consultation by another doctor may naturally expect an adequate fee for an obstetric operation or other skilled assistance furnished by him, no doctor would decline to give his help in such a case unless he received an enhanced fee, where the circumstances of the patient forbade an adequate fee.

This is where the doctor quoted in the extract from

Nursing Notes in my opinion went wrong. But I have very little doubt that he is really very far from being the callous individual which he would have us think he is, and that he is really a man who is as unselfish and as kind to the poor as most of his profession are.

The payment of doctors when called in consultation by midwives is a matter requiring adjustment.

According to the rules midwives are not to attend other than normal cases without a doctor.

The wording of the rule in question has been altered as follows:

Rules, 1903, E 17.

"In all cases of abortion, of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, a midwife *must decline to attend alone, and must advise that a registered medical practitioner be sent for*, as, for example, under the following circumstances:"

Rules, 1907, E 18.

"In all cases of abortion, of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, *a midwife must explain that the case is one in which the attendance of a registered medical practitioner is required, and must hand to the husband or the nearest relative or friend present the form of sending for medical help* [*see Rule* 21 (*a*)], *properly filled up and signed by her, in order that this may be immediately forwarded to the medical practitioner. If for any reason the services of a registered medical practitioner be not available, the midwife must, if the case be one of emergency, remain with the patient and do her best for her until the registered medical practitioner arrives, or until the emergency is over.*

"*After having complied with the Rule as to the summoning of medical assistance, the midwife will not incur any legal liability by remaining on duty and doing her best for the patient.*"

The Rule of 1903 contains words in italics, which forbade her "to attend alone."

The Rule of 1907 obliges her to "explain" to the patient or her friends, to hand to them the form for sending for medical help, which they must send to their own medical man, or a medical man of their choice, and to remain in the case of emergency and to do her best.

The midwife therefore asks for no favour from the medical man, and is not in any way responsible for the fee. In spite of this it has repeatedly happened that the midwife has paid the doctor's fee out of her own pocket.

Still, as the Legislature has intetvened, and has prescribed the attendance of a doctor in certain cases, it is highly desirable that proper arrangements should be made for the payment of the doctor's fee.

It is, therefore, with great pleasure that I am able to state that such arrangements have been made in certain districts.

I quote again from *Nursing Notes*, July, 1907, p. 103.

Doctors' Fees in Midwives' Cases.

"In connection with the question of the payment of the doctor when called in by midwives, it is satisfactory to know that arrangements have been made by the Guardians of Hammersmith, Lambeth, Wandsworth, Tooting, South Putney, Paddington, Earlsfield and Fulham on this matter, and they have sent circulars to the midwives in their various areas, giving the names of certain medical practitioners in the districts to whom the midwives may send without first going to the relieving officer in the case of poor patients. The fee is, in such cases, allowed by the guardians, if the patient cannot pay. We hope this example will be widely followed by Boards of Guardians all over the country. It will mean, at least, a partial elucidation of many pressing difficulties."

The following circular to the Guardians shows that the

Local Government Board is taking active steps in this direction (a matter of great importance).

Circular
Guardians.

LOCAL GOVERNMENT BOARD,
WHITEHALL, S.W.;
July 29th, 1907.

* * *

Payment to Medical Practitioners called in on the advice of Midwives.

* * *

"If, where the Articles referred to are in force, the District Medical Officer attends in cases of the kind above mentioned, he will be entitled to the payments for which the Articles provide should the woman be actually in receipt of relief, or should the Guardians subsequently decide that she was in a destitute condition, although no order for his attendance was given by a person legally qualified to make such order. Moreover, the Section alluded to empowers the Guardians, 'if they think proper, to pay for any medical or other assistance which shall be rendered to any poor person on the happening of any accident, bodily casualty, or sudden illness, although no order shall have been given for the same by them or any of their officers, or by the overseers,' and the Board are advised that, under this enactment, it is competent to the Guardians to pay the fee of any medical man called in on the advice of a midwife to attend upon any poor person in case of difficulty.

"The Board would suggest that medical men and certified midwives practising in the Poor Law Union should be informed that, in cases arising under Rule 18, the Guardians will, on being satisfied that the woman is too poor to pay the medical fee, be prepared to exercise their powers under the Section, and to pay a reasonable remuneration to the medical man called in. Any such payments should be on a definite scale, which should be suitable to the local circumstances and to the services rendered, and which should be duly notified to the local medical practitioners.

"It appears to the Board that the exercise by Boards of Guardians in a careful but liberal spirit of their powers under the enactment quoted will furnish a satisfactory solution of the problem to which they have referred, and that no reasonable ground of complaint should remain either to the public or to the medical profession. Moreover, general action on the part of Boards of Guardians in the direction indicated would tend to the preservation of two most important principles which are in danger of being overlooked; first, the responsibility of the husband or natural guardian of the patient to provide for her necessities, and secondly, the right of the Guardians to determine who, by reason of poverty, is entitled to medical assistance at the expense of the rates."

After hearing the above, the following will seem somewhat strange to you:

"ANOTHER SIDE OF THE QUESTION.

"A correspondent, a certified midwife in large practice, writes to us as follows:

"It *seems* a good thing for the Guardians to be willing to pay the doctor's fee when the midwife has to call him in in an emergency, but there is a disadvantage in this.

"There was a case in this district of a poor but decent woman whose husband has just got work, after weeks of idleness. The baby was premature and might not have lived, so the midwife 'advised' that a doctor should see it. They said they would like their own doctor, and could pay his fee, anticipating the usual 2*s.* 6*d.* or 3*s.* 6*d.* for a visit.

"The doctor saw the baby, then told the midwife he would send in her 'notification' to the Guardians. The parents need not mind about the fee.

"But this means that the parents will have to pay a guinea to the Guardians instead of the 2*s.* 6*d.* to the doctor!

"He did not consult them as to their ability to pay him, and the midwife did not feel that she could explain matters to them, and by so doing make an enemy of the doctor. Is it not difficult?"—*Nursing Notes*, July, 1907.

This will seem to you, as it seems to me, a dishonest proceeding on the part of the doctor.

PROCEDURE ON THE REMOVAL OF A NAME FROM THE ROLL.

Rules D prescribes this procedure. The usual course is that the Local Supervising Authority is referred to, and states whether, in its opinion, a *primâ facie* case has been established. The cases are then classified and summarised by a Committee of the Central Board, which advises the Board as to the procedure to be adopted, the final decision remaining with the Board.

In certain cases, especially those in which the question of removal from the Roll is in point, the midwife is summoned to appear. If she does not appear her case is thoroughly investigated in her absence, including a reply to definite charges which she has been asked to make. No charge which has not been communicated to her in writing can be entertained. This obviously fair limitation has not always been understood by authorities bringing cases to the notice of the Board.

A midwife may be, and sometimes is, defended by a lawyer. This ought always to be, and sometimes is, an advantage to her, but I am bound to state, on the one hand, that some lawyers are apt to attempt to urge small legal points, which may be in place in a police court, but are not to the purpose before a Board such as ours; and on the other hand that the Board takes great care that a woman undefended by a lawyer shall have full justice done to her.

The following statistics will be of interest:

NUMBER OF PENAL CASES DEALT WITH BY THE BOARD.

1905	15
1906	43
1907 (to date)	80
	138

These cases were disposed of as follows:

Struck off	98
Censured, or severely censured	20
Cautioned	12
No action taken	7
Adjourned for further evidence	1

Of the 32 who were censured or cautioned, a report by the Local Supervising Authority on their conduct at the end of three months was called for in 16 cases.

The causes of removal were as follows:

Convicted of felony	5
Keeping disorderly houses	2
Drunk on duty	8
Falsification of Register of Cases	1
Giving false certificate of stillbirth	1
Employing uncertified substitute	1
Practising under suspension	3
Suffering from a disease liable to be a source of infection	1
Failing to send for medical help when required by the Rules	29
Uncleanliness and want of appliances and antiseptics	47
	98

The number of women removed from the Roll at their own request is 13.

It may interest you to hear a short account of a case which went through every possible stage.

Case of Ita Feldmann, July 12th, 1906.

The charges were that the midwife on two occasions sent her husband, an unqualified person, as her substitute, and on another occasion called him in instead of a doctor (Act, Section 1 [4], and Rules E. (17).

Mrs. Feldmann, being a foreigner, her evidence was given in Yiddish, and interpreted.

There was great difficulty in ascertaining the occupation of the husband. He was said to be a barber's assistant in the Russian hospitals (Felscher), at one time to be a partially qualified medical man, and at another to be quite non-medical, according to the line of argument.

One of the patients informed the Inspector of the London County Council that Mrs. Feldmann fetched her husband in consultation, but that she would not allow him to attend her. She subsequently, however, said that the husband merely came to fetch his wife, and put his head inside the door.

Another witness was traced to five different residences in a very short time, and finally disappeared. The husband also vanished.

The defendant appeared to think that, as the Board could not compel the attendance of witnesses, all that need be done was to make those witnesses vanish, and the case disappeared.

The "interpreter" was a feature in the case. (I quote from the shorthand notes.)

"Mrs. FELDMANN. Examined by her Solicitor, Mr. Lilley.

Q. Did she send one Feldmann? A. No.

Q. Did she ever send one Feldmann? A. I never sent Mr. Feldmann anywhere. If I want something I send to the hospital for a doctor.

The Chairman (to the Interpreter).—She did not say all that now. I understand a little German. That is not interpreting. There were three sentences you said; she said only one.

The Interpreter.—She told me she never sent Feldmann anywhere.

The Chairman.—And so you put in about the Hospital.

* * *

Mrs. FELDMANN. Cross-examined by Mr. Duncan, Secretary of the Central Midwives Board.

Q. Does your husband keep a barber's shop? A. Yes.

Q. Does he claim to have any foreign medical degrees? Is he qualified in Poland? Is he a doctor abroad? A. He has got papers from Russia that he was an assistant doctor.

* * *

The Chairman.—I should like to ask her why did she show the diploma papers to the inspector? A. The inspector asked me where my husband was. I told him my husband went away to America. Next time when the inspector came he asked, 'What is the news of your husband from America?' I told him he had come back.

The Chairman.—That is not what I want to know. She showed the inspector the papers to show her husband was an assistant doctor in Russia. Why did she do so? A. The inspector asked me, 'What is the news of your husband?' So I told him he came back

from America. He was trying to get into a hospital there. Now he came back to London, and I showed him the papers.

The Chairman.—To show he was a doctor? A. I told him he was learning to be a doctor.

The Chairman.—Quite so, a medical student."

Subsequently the inspector of the L.C.C. said that Mrs. Feldmann said her husband "could act as a doctor."

One of the patients flatly contradicted the information she had given to the Inspector; the defendant also contradicted herself.

The Board decided to strike Mrs. Feldmann's name off the Roll.

Section 4 of the Midwives Act gives an appeal from the Board to the High Court. Order 59, Rule 19, of the Supreme Court Rules provides—

"An appeal from any decision of the Central Midwives' Board under the Midwives Act, 1902, shall be made to the Divisional Court by notice of motion, and supported by affidavit, or, if the Court shall so direct on the hearing of the motion, by oral evidence."

The arguments of counsel for the appellant were that there was no legal evidence against her. He went on to say:

"This Board seems to be constituted in such a way that it is not capable of understanding the difference between the two sorts of evidence."

The Lord Chief Justice, however, in his Judgment said: "The Court ought not to doubt the correctness of the Board's decision, because people made affidavits supposed to support the case made on appeal. It was impossible to say on the strictest view of the matter that the Board had not evidence before them that the appellant had allowed her husband to do work in her place."

He concluded: "I think it is quite impossible to accede to the appeal, and the decision of the Board must be confirmed and the appeal must be dismissed."

The other judges (Darling and Phillimore) agreed.

(See *Times*, February 1st, 1906.)

Since these proceedings the appellant has been fined in

a police court for professing to be a registered midwife; she has also applied to the Board to be reinstated.

We have now considered the principal aspects of the Midwives Act so far as it concerns medical men.

You will perhaps allow me to quote from an inaugural address which I delivered before the Obstetrical Society in 1895, for it will illustrate the position at that time, and will help to contrast it with that existing at the present time.

"The question is not whether midwives shall exist, but whether they shall be as bad or as good as possible.

"To put the question briefly, absence of examination and registration of midwives means widespread loss of life and health to mothers and children; . . . midwives are a necessity."

The Length of Training of Midwives.

"Among many arguments against the registration of midwives may be mentioned one—that the present length of their training is insufficient. This is purely a matter of money. The midwives are poor women, and find it difficult to procure the money to pay for their present training and examination. In many cases this is provided, partly or entirely, by their more wealthy friends, and often with the view of acquiring the services of a midwife for a country district. In many foreign countries the expenses are defrayed by the State.

"Until midwives are subsidised, either by the State or by some other extraneous body, it is useless to expect an increase in the length of their training.

"The means of subsistence must be provided somehow: if by the midwives themselves, the course of training must necessarily be short; if it is desired to lengthen it (an object much to be wished), the money must be provided by extraneous aid.

"But some training is better than no training at all, and these are the real alternatives at the present time.

"A regulation by which the State should insist on longer training, and at the same time make it possible, is much to be wished. A system by which midwives in a district should be placed under the direction of a leading local practitioner would be beneficial both to the poor and to midwives. We should then cease to hear complaints of midwives acting as medical women.

"A pushing, usurping midwife can only be controlled when she is in some way recognised; and the only way to defend doctors against the privateering of midwives is by registration.

The Interests of Doctors not prejudiced by properly Regulated Midwives.

"But we must remember that the Select Committee [of the House of Commons, August 8th, 1893], after hearing the evidence for and against the proposition that midwives injure doctors, pronounced emphatically that the reverse was the case, and it is within the knowledge of Fellows that midwives are, in some districts, actually provided by doctors, to help them with cases of natural labour among the poor. And even some of our medical schools make use of them (*Guy's Hospital Gazette*, February 9th, 1895, p. 48).

"It is hard to imagine that the few shillings which is all that many of the poor can afford for a confinement can in any sense repay a medical man for the time expended, or that the bodily handing over of all such cases to trustworthy midwives would be anything but an unmixed relief to the hard-worked doctor of poor districts.

"The Committee, however, after hearing all the evidence on both sides, stated its opinion strongly as above.

"'In conclusion, your committee desire to refer to the apprehension expressed by certain witnesses belonging to the medical profession, lest their interest might be injuriously affected by an improvement in the status of mid wives. The great preponderance, however, of medical and

other evidence, having regard to both the authority and number of the witnesses, was to a contrary effect. Your committee, therefore, whilst giving due consideration to the expression of such fears, believe that the suggested injury is not likely to prove serious, and they are of opinion that medical men will not only be relieved of much irksome and ill-paid work, but also that improved knowledge on the part of midwives will induce them to avail themselves more frequently, and at an earlier stage than at present, of skilled medical assistance in time of emergency and danger. On this point your committee had full and substantial evidence.'"

It is interesting to read the following comparatively recent statement, bearing on the question whether the Midwives Act injures medical men :

"Up to the passing of the Midwives Act we did not attend on an average one case a year. Since the passing of the Act we have attended twenty-six cases in the first twelve months."

Extract from letter of the Medical Officer, Banbury Union (Dr. Innes Griffin) to the President of the Local Government Board, *Poor Law Officers' Journal*, Sept. 21st, 1906, p. 941.

What was aimed at is now an accomplished fact. Midwives are now under control.

As regards the poor, they are defended from incompetence by the Act, and by the Rules.

As regards midwives, in return for recognition, they are now under proper restraint, by the same means.

As regards the medical profession, midwives are put into proper relation to it, and are definitely restricted in the scope of their practice.

It is not to be expected that relations which have furnished material for friction for centuries should suddenly become smooth ; but the Midwives Act has advanced such

a desirable consummation immensely, and with patience and goodwill all round should bring it within sight.

It is with the object of enlisting your sympathies in the pursuit of such an object—an object which has for some years been very much at my heart—that I have chosen the subject of my address to-night, and I venture to ask you all to help to the best of your ability—not so much to uphold the precedence of our profession (though that is certainly a desirable object)—as to save the mothers and new-born children of England from the death and disease whlch are preventable, and which are so terrible a reproach to our country.

Printed by Adlard & Son, London and Dorking.